

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOV 9 PM 2:05

SNC

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Charles W. Burkett

3. Address (include post office box or street, city, state, zip code)

1332 Biscaya Drive
Suntside FL 33154

4. Telephone

(305) 517 1175

5. E-mail address

charles@burkettcompanies.com

6. Office sought (include district, circuit, group number)

Mayor, town of Suntside

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Charles Burkett

11. Mailing Address

1332 Biscaya Drive

12. Telephone

(305) 517 1175

13. City

Suntside

14. County

Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

charles@burkettcompanies.com

18. I have designated the following bank as my ☐ Primary Depository ☐ Secondary Depository

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

11/9/23

26. Signature of Candidate

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Charles Burkett, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

☒

Campaign Treasurer

☐

Deputy Treasurer.

X

Date

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 9 PM 2:05

SME

I, Charles Buckett,
candidate for the office of Mayor;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X

[Signature]
Signature of Candidate

11/9/23
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOV 13 AM 11:21

NOV 9 PM 2:05

NOTE: This form must be on file with the qualifying
officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Charles W. Burkett

3. Address (include post office box or street, city, state, zip
code)

1332 Biscaya Drive
Suntside FL 33154

4. Telephone

(305) 517 1175

5. E-mail address

charlesburkettcompanies.com

6. Office sought (include district, circuit, group number)

Mayor, town of Suntside

7. If a candidate for a nonpartisan office, check if
applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Charles Burkett

11. Mailing Address

1332 Biscaya Drive

12. Telephone

(305) 517 1175

13. City

Suntside

14. County

Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

charlesburkettcompanies.com

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

City National Bank

20. Address

300 71st Street

21. City

Miami Beach

22. County

Dade

23. State

FL

24. Zip Code

33141

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND
DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

11/9/23

26. Signature of Candidate

☒

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Charles Burkett, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

11/9/

Date

☒

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 13 AM 11:21

NOV 9 PM 2:05

I, Charles Buckle H,
candidate for the office of Mayor;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X

Signature of Candidate

11/9/23
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

RECEIPT OF DOCUMENTS

Candidate:

Charles William Burkett
First Name Middle Name Last name

Mayor
Office Sought (Mayor or Commissioner)

Phone No.: 305 992 0102 Fax No.: _____

Cell Phone: _____

E-Mail Address: Charles.Burkett@compansu.com

This is to acknowledge my receipt of the following documents:

- ☒ The Florida Election Code (2022) – Digital Format (USB)
- ☒ Candidate and Campaign Treasurer Handbook (2022) – Digital Format (USB)
- ☒ Guide to the Sunshine Amendment and Code of Ethics (2023) – Digital Format (USB)
- ☒ Reporting Dates Schedule (Election Date: March 19, 2024)
- ☒ Campaign Activities Memorandum

Received by: [Signature] Date: 11/13/23
Candidate Signature



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Charles W. Burkett

Office Sought Mayor

Phone No.: 305-992-0102 Cell Phone No: _____

E-Mail Address: Charles@burkettcompany.com

Contents

Date Received

Initials

1. Qualifying as a candidate:

Appointment of Campaign Treasurer and
Designation of Campaign Depository

11/9/2023
11/13/2023

CB

Nominating Petition

11/9/2023
11/13/2023

CB

Statement of Candidate

Sworn Statement of Qualification

Candidate Oath

Form 1 – Statement of Financial Interest (2022)

Declaration and First Amendment Waiver

Volunteer Statement of Fair Campaign Practice

Qualifying Fee \$25.00

L & A Schedule

Proof of Residency

& Voter Registration

2. Important Dates to Remember
3. Campaign Activities Memorandum

11/13/2023 H
11/13/2023 1/18

Candidate's Signature

Date

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Charles Buckett
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
19, 2024.

NOV 16 PM 4:16

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>FERNANDO ALVAREZ</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Rocio Alvarez</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Fernando Jose Alvarez</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Luciano Alvarez</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Felly Sanchez</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Rogelio Sanchez</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>DEL THIEME</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Brian Rey</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Elio Quiñones</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-14-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>DULCE M. Buinones</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-14-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>BENJAMIN ACQUARIO</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-14-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>HOWARD BENDERT</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ISRAEL ELGAMIL</u>	Address: <u>[Redacted]</u>

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 12 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]

Address of Circulator: 1332 Biscayne Drive Surfside FL

Email address of Circulator: charles@buckettcompanies.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Mayor (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature]

Date: 11/13/23

COPY

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Charles Buckett
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
19, 2024.

NOV 16 PM 4:16

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11-13-2023</u> D.O.B.
Print Name: <u>MARINA SAMBRIA</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u> D.O.B.
Print Name: <u>MARY A. SANDS</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/2023</u> D.O.B.
Print Name: <u>Victoria T. Saife</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-13-2023</u> D.O.B.
Print Name: <u>Justin Simons</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/2023</u> D.O.B.
Print Name: <u>Mary Henderson</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B.
Print Name: <u>Daryl Wall</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B.
Print Name: <u>Barbara Wall</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B.
Print Name: <u>SPIROS DIMITROPOULOS</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B.
Print Name: <u>Lea Coto</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B.
Print Name: <u>Gabriel Coto</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u> D.O.B.
Print Name: <u>Ruben Coto</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B.
Print Name: <u>MAGARY CHAIT</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B.
Print Name: <u>Nelly Velasquez</u>	Address: <u>[Redacted]</u>

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]

Address of Circulator: 1332 Biscayne Drive, Surfside FL

Email address of Circulator: Charles.Buckett@compair.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Mayor (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature]

Date: 11/13/23

COPIES

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Charles Buckett
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
19, 2024.

NOV 16 PM 4:16

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>Charles Buckett</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Charles Buckett</u>	Address: <u>[REDACTED]</u>
Signature: <u>ARM 7 PM</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>ARHLENE AVALIN</u>	Address: <u>[REDACTED]</u>
Signature: <u>Tina Paul</u>	Date: <u>11.13.23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Tina Paul</u>	Address: <u>[REDACTED]</u>
Signature: <u>Fernanda Mota</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Fernanda Mota</u>	Address: <u>[REDACTED]</u>
Signature: <u>William Cruz</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>William Cruz</u>	Address: <u>[REDACTED]</u>
Signature: <u>William Buckett</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>William Buckett</u>	Address: <u>[REDACTED]</u>
Signature: <u>CLARADIAZ-LEAL PARKER</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>CLARADIAZ-LEAL PARKER</u>	Address: <u>[REDACTED]</u>
Signature: <u>Steve B. Parker</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Steve B. Parker</u>	Address: <u>[REDACTED]</u>
Signature: <u>Jorge Cortes</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Jorge Cortes</u>	Address: <u>[REDACTED]</u>
Signature: <u>Jorge Cortes</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Jorge Cortes</u>	Address: <u>[REDACTED]</u>
Signature: <u>M. Cortes</u>	Date: <u>11/13/2023</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Miguelangel Cortes</u>	Address: <u>[REDACTED]</u>
Signature: <u>ILEANA M. CORRES</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>ILEANA M. CORRES</u>	Address: <u>[REDACTED]</u>
Signature: <u>Diana Scholz</u>	Date: <u>11-13-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Diana Scholz</u>	Address: <u>[REDACTED]</u>

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 1332 Biscaya Drive Surfside FL
Email address of Circulator: Charles@buckett.com partner's.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Mayor (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/13/23

COPY

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Charles Burkett
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
19, 2024.

NOV 16 PM 4:16

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>KHALIL BELL</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ROGER RAND</u>	Address: <u>[Redacted]</u>
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 2 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]

Address of Circulator: 1332 Biscayne Drive, Surfside

Email address of Circulator: Charles.Burkett@compuser.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Charles Burkett (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature]

Date: 11/16/23





TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

SWORN STATEMENT OF QUALIFICATION

Pursuant to Article VI, Section 102 of the Town of Surfside Charter, this form must be submitted simultaneously with the nominating petitions and qualifying fee of \$25.00 made payable to the Town of Surfside.

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

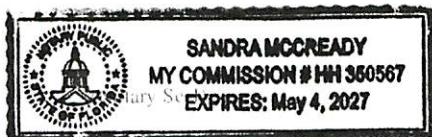
TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is Charles W. Burkett
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of
Surfside, Florida; that my address is 1332 Biscayne Drive, Surfside,
my occupation is Investments; that I have been
a resident of the Town of Surfside since 1996; that I will be at least twenty-one (21) years of
age by November 22, 2023 and that if elected, I will willingly serve as
Mayor (Mayor or Commissioner) of the Town of Surfside, if elected.

Signature of Candidate

Date

Sworn to and subscribed before me this 16th day of November, 20 23.



NOTARY PUBLIC

PRINTED NAME OF NOTARY

**CANDIDATE OATH
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

NOV 16 PM 4:23

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Charles W. Burkett,

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐ (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Mayor,
(Office) (District #)
Suntside, Miami Dade County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): _____

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X

Signature of Candidate

Telephone Number

Email Address

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF

Miami-Dade

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ OR physical presence ☐

this 16th day of November, 2023

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____



FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2022

Please print or type your name, mailing
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Burkett, Charles William

MAILING ADDRESS :

1332 Biscaya Drive

NOV 16 PM 4:19

CITY :

Surfside

ZIP :

33154

COUNTY :

Miami-Dade

NAME OF AGENCY :

Town of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Mayor

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☒ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDSPART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Confidential Settlement	Confidential	Confidential
Burkett Family Ltd Partnership	1332 Biscaya Drive, Surfside FL	Real Estate Investments
RentMiamiBeach LLC	1332 Biscaya Drive, Surfside FL	Mortgage lending
U.S. Department of the Treasury	P.O. Box 9150, Minneapolis, MN 55480	Treasury Marketable Securities

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
See attachment A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

See attachment B

You are not limited to the space on the
lines on this form. Attach additional
sheets, if necessary.FILING INSTRUCTIONS for when
and where to file this form are
located at the bottom of page 2.INSTRUCTIONS on who must file
this form and how to fill it out
begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
See attachment C	

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
(If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	RentMiamiBeach LLC	
ADDRESS OF BUSINESS ENTITY	1332 Biscaya Drive, Surfside FL	
PRINCIPAL BUSINESS ACTIVITY	Small loan company	
POSITION HELD WITH ENTITY	Owner	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100% owner	
NATURE OF MY OWNERSHIP INTEREST	Member shares	

PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE OF FILER:

Signature: _____

Date Signed: _____

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

ATTACHMENT A. SECONDARY SOURCES OF INCOME

Name of Business Entity	Name of major sources of business' income	Address of source	Principle business activity source
Burkett Family Limited Partnership	The Lois Apartments Office Warehouse building Office Warehouse building	2001 Bay Drive, Miami Beach FL 7830 S. 10th St. Oak Creek, WI 451 Southpoint Circle, Brownsburg IN	Apartment rentals Commercial rental Commercial rentals
RentMiamiBeach, LLC	Retail rental building The Lois Apartments	2717 18th Street, Kenosha WI 2001 Bay Drive, Miami Beach FL	Commercial rentals Apartment rentals

Attachment B.

NOV 16 PM 4:19

Real property owned in Florida:

- 1) 30 Park Drive, Bal Harbour, FL Unit 12A - Condominium unit
- 2) Palm Beach land. Parcel Control Number 00-38-43-18-00-000-1000, Official records book, book/page 20054 /187, Legal Desc., 18-43-38, NE 1/4, E 1/4 OF NW 1/4, S ½ OF SW 1/4 & SE 1/4 (LESS SR 80 R/W AS IN OR2897 P1664). - Agricultural land
- 3) 2001 Bay Drive, Miami Beach FL 33154 – Apartment building
- 4) 4520 NE 18th Avenue, Fort Lauderdale, FL 33334 - Office building
- 5) 651 Palm Drive, Satellite Beach, FL 32937 – Multifamily

Intangible personal property:

- 1) Ownership interest in:
 - a) The Burkett Family Limited Partnership
 - b) RentMiamiBeach LLC
 - c) The Burkett Land Company, Inc.
 - d) Burkett Properties, Inc.

- 2) Receivables due:
 - a) Due RentMiamiBeach, LLC.

- 3) Prepaid Taxes:
 - a) United States Treasury
 - b) State of CO
 - c) State of IN
 - d) State of MI
 - e) State of NC
 - f) State of GA
 - g) State of WI

- 4) Cash on hand in bank accounts:
 - a. Grove Bank and Trust, FL, Northern Trust Bank, FL, Farmer & Drovers Bank, KS, 1st Bank, CO, BankUnited, FL, JP Morgan Chase Bank, FL, City National Bank, FL, Comerica Bank, FL, Dryden Bank, NY, First National Bank of Waynesboro, GA, Frost Bank, TX, HSBC Bank, FL, First Horizon Bank, Iberia Bank, FL, National Exchange Bank and Trust, WI, State Bank of Lizton, IN, Wells Fargo, FL, Citizens First Bank, FL, Citizens First Bank, FL.

CHARLES W BURKETT CAMPAIGN
CHARLES WILLIAM BURKETT IV
1332 BISCAYA DR
SURFSIDE, FL 33154-3318

1001
63-0436/0660

DATE

11/16/23

PAY
TO THE
ORDER OF

Town of Surfside
Twenty five \$ 25.00

\$25.00
xx

DOLLARS

Security
Features
Details on
Back

City National Bank
Bci FINANCIAL GROUP

Filing Fee

Harland Clarke

MP



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Charles W. Burkett

Office Sought Mayor

Phone No.: 305-992-0102 Cell Phone No: _____

E-Mail Address: Charles@burkettcompany.com

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
-----------------	----------------------	-----------------

1. Qualifying as a candidate:

Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>11/9/2023</u>	
Nominating Petition	<u>11/13/2023</u>	
Statement of Candidate	<u>11/16/2023</u>	
Sworn Statement of Qualification	<u>11/9/2023</u>	
Candidate Oath	<u>11/13/2023</u>	
Form 1 – Statement of Financial Interest (2022)	<u>11/16/2023</u>	
Declaration and First Amendment Waiver	_____	
Volunteer Statement of Fair Campaign Practice	_____	
Qualifying Fee \$25.00	<u>11/16/2023</u>	
L & A Schedule	<u>N/A</u>	
Proof of Residency	_____	

& Voter Registration

2. Important Dates to Remember
3. Campaign Activities Memorandum

11/13/2023
11/13/2023

[Handwritten signature]

[Handwritten signature]

Candidate's Signature

11/16/23

Date



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,
Town Clerk

November 22, 2023

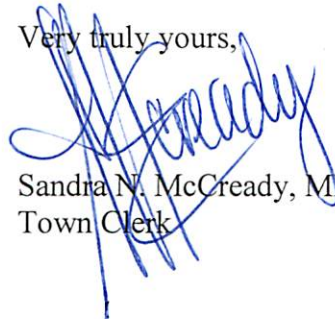
Mr. Charles Burkett
1332 Biscaya Drive
Surfside, FL 33154

Dear Mr. Burkett:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 19, 2024 Municipal Election.

Congratulations on your qualification and if I can assist in any way throughout the process, please feel free to contact me.

Very truly yours,



Sandra N. McCready, MPA, MMC
Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Charles W. Buckett
Name

(2) 1332 Biscaya Drive
Address (number and street)

Surfside, FL 33154
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Mayor

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 1 / 23 To 12 / 31 / 23 Report Type: 2023Q4

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 525.00

Loans \$ _____, 10,800.00

Total Monetary \$ _____, _____

In-Kind \$ _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, 204.99

Transfers to Office Account \$ _____, _____

Total Monetary \$ _____, 204.99

(8) Other Distributions

\$ _____, _____

(9) TOTAL Monetary Contributions To Date

\$ 10,525.00

(10) TOTAL Monetary Expenditures To Date

\$ 204.99

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

Charles Buckett
(Type name)

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X
Signature

Charles Buckett
(Type name)

☒ Candidate ☐ Chairperson (only for PC and PTY)

X
Signature

OFFICE USE ONLY

TOWN OF SURFSIDE

JAN9 '24 3:13PM

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name

Charles W. Burkett

(2) I.D. Number

TOWN OF SURFSIDE

(3) Cover Period

10 / 1 / 23 through 12 / 31 / 23

(4) Page

1 of 1

JAN9

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
11, 13, 23 1	Charles Burkett 1332 Divya Dr. Surfside FL 33154	S investor	LOS	N/A	N/A	10,000
12, 11, 23 2	Brett Ellis 300 74th St. Mia, Del FL 33141	B Business man	RCT	11	11	500.00
12, 16, 23 3	Edilene Jimenez 9425 Byron Ave Surfside FL 33154	I retired	RCT	11	11	25.00
1 / 1						
1 / 1						
1 / 1						
1 / 1						
1 / 1						

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

10,000 • +
500 • +
25 • +
10,525 • *

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Charles W. Buckett (2) I.D. Number _____

(3) Cover Period 10 / 1 / 23 through 12 / 31 / 23 (4) Page 1 of 1

0.	*
25.	+
29.99	+
150.	+
204.99	*

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



Name

Charles Buckett

I.D. Number

Address (number and street)

1322 Biscaya Drive

City, State, Zip Code

Surfside, FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY

TOWN OF SURFSIDE

JAN9 '24 3:14PM

Candidate for:

☒ Mayor

☐ Commissioner, District _____

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name

2023 Q4

Cover Period

10/1/23

through

12/31/23

Report Type

☒ Original

☐ Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Charles Buckett

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Charles Buckett

(Type name)

☒ Candidate

X

Signature

MIAMI-DADE
COUNTY

TOWN OF SURFSIDE

[illegible]